

INFORMATION CONCERNING HEALTH CARE:

Are you seeing a doctor with respect to this pregnancy? YES

Doctor's Name: DR ERNESTO GOMEZ

Due Date: 06/11/2018

Sex of the baby: BOY

Name of hospital you will deliver at: BANNER GATEWAY MEDICAL CENTER

PREGNANCY HISTORY INVOLVING THIS CHILD:

Month prenatal care began: 05/02/2018

Have you taken any medication during this pregnancy (except Vitamins)? NO

Have you been in any accidents during this pregnancy or have there been any complications? NO

Where you exposed to X-rays, electrocardiogram, or radiation during this pregnancy? NO

Did you smoke during this pregnancy? NO

Did you consume alcohol during this pregnancy? NO

DESCRIBE ANY MAJOR HEALTH ISSUES IN YOUR FAMILY:

For all marked boxes below, please indicate specifically who (maternal grandmother, daughter, etc.) had the condition and which person had which type of cancer

Alcoholism

Addiction/Substance Abuse

ADD/ADHD

Alzheimers/Dementia

Asthma or Allergies

Bipolar Disorder

Bleeding Disorder

Cancer: type _____

Cystic fibrosis

Depression, Anxiety

Diabetes

Eye problems: specify _____

Cleft lip or palate

Down's syndrome/other genetic syndrome